

Medication Management Checklist (2002)

Administration – Regulations

	YES	NO
1. Are copies of the following documents available to staff?	<input type="checkbox"/>	<input type="checkbox"/>
a. State Nurse Practice Act?	<input type="checkbox"/>	<input type="checkbox"/>
b. State Medical Practice Act?	<input type="checkbox"/>	<input type="checkbox"/>
c. State Pharmacy Law?	<input type="checkbox"/>	<input type="checkbox"/>
d. Drug Enforcement Administration?	<input type="checkbox"/>	<input type="checkbox"/>
e. Controlled Substances Act of 1970?	<input type="checkbox"/>	<input type="checkbox"/>
f. Executive Order 12564 Drug-Free Federal Workplace?	<input type="checkbox"/>	<input type="checkbox"/>

Security and Storage

1. Are all medications stored in a secure area?	<input type="checkbox"/>	<input type="checkbox"/>
a. Are medications storage areas under constant supervision or surveillance?	<input type="checkbox"/>	<input type="checkbox"/>
2. Are medications organized and stored for easy retrieval?	<input type="checkbox"/>	<input type="checkbox"/>
a. Are medications segregated by type, i.e., topical, oral, and intravenous?	<input type="checkbox"/>	<input type="checkbox"/>
b. Are medications stored by therapeutic class?	<input type="checkbox"/>	<input type="checkbox"/>
3. Are medications periodically checked for expiration dates or deterioration?	<input type="checkbox"/>	<input type="checkbox"/>
4. Are medications stored according to manufacturer's recommendations?	<input type="checkbox"/>	<input type="checkbox"/>
5. Are medications stored in a manner that addresses the following conditions:		
a. Sanitation		
i. Is a refrigerator dedicated to medication storage only?	<input type="checkbox"/>	<input type="checkbox"/>
ii. Are food or biological samples ever stored in the medications only refrigerator?	<input type="checkbox"/>	<input type="checkbox"/>
b. Ventilation		
i. Is there adequate refrigeration storage space?	<input type="checkbox"/>	<input type="checkbox"/>
c. Temperature		
i. Is the refrigerator temperature checked daily?	<input type="checkbox"/>	<input type="checkbox"/>
ii. Is there a system in place to alert of a power loss to the refrigerator?	<input type="checkbox"/>	<input type="checkbox"/>
d. Light?	<input type="checkbox"/>	<input type="checkbox"/>
e. Moisture?	<input type="checkbox"/>	<input type="checkbox"/>
6. Is the storage and security process checked periodically?	<input type="checkbox"/>	<input type="checkbox"/>

Medication Administration

Workplace Considerations:

1. Are current copies of the <i>PDR</i> and <i>PDR for Nonprescription Drugs</i> available for staff?	<input type="checkbox"/>	<input type="checkbox"/>
2. Is staff familiar with all medications stocked including indications, side effects, toxic effects, interactions, and potential allergic reactions?	<input type="checkbox"/>	<input type="checkbox"/>
3. Are potential effects of medications on employee's performance assessed?	<input type="checkbox"/>	<input type="checkbox"/>

	YES	NO
4. Is employee's current and past health conditions and usage of prescription and non-prescription drugs, including herbals, reviewed?	<input type="checkbox"/>	<input type="checkbox"/>
5. Are implications to other medical conditions considered?	<input type="checkbox"/>	<input type="checkbox"/>
6. Does the employee receive a medication information sheet?	<input type="checkbox"/>	<input type="checkbox"/>
5. Does the employee receive consulting on self-care and consumer awareness?	<input type="checkbox"/>	<input type="checkbox"/>

Standing Orders:

1. Are standing orders in place for all medications available in the clinic?	<input type="checkbox"/>	<input type="checkbox"/>
2. Do standing orders include the following:		
a. Drug name	<input type="checkbox"/>	<input type="checkbox"/>
b. Drug dosage?	<input type="checkbox"/>	<input type="checkbox"/>
c. Indications?	<input type="checkbox"/>	<input type="checkbox"/>
d. Contraindications?	<input type="checkbox"/>	<input type="checkbox"/>
e. Adverse reactions?	<input type="checkbox"/>	<input type="checkbox"/>
3. Are standing orders written, dated and signed?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have standing orders been reviewed and signed within the past 12 months?	<input type="checkbox"/>	<input type="checkbox"/>

Medication Administration:

1. Is staff provided orientation, continuing education and training?	<input type="checkbox"/>	<input type="checkbox"/>
2. Is staff educated before new drugs are added to the formulary?	<input type="checkbox"/>	<input type="checkbox"/>
3. Is staff knowledgeable about medication indications, dosages, side effects, and interaction with other medications?	<input type="checkbox"/>	<input type="checkbox"/>
a. Are potential interactions with food or herbals considered?	<input type="checkbox"/>	<input type="checkbox"/>
b. Are antidotes available in the event of adverse reactions?	<input type="checkbox"/>	<input type="checkbox"/>
4. Is identity of employee, medication, time, dosage, route and technique verified prior to administration?	<input type="checkbox"/>	<input type="checkbox"/>
a. Are employees asked about any known allergies?	<input type="checkbox"/>	<input type="checkbox"/>
b. Is medication expiration date checked prior to administration?	<input type="checkbox"/>	<input type="checkbox"/>
5. Are written patient information sheets provided?	<input type="checkbox"/>	<input type="checkbox"/>
6. Are verbal orders accepted during emergencies and documented as soon as possible afterwards?	<input type="checkbox"/>	<input type="checkbox"/>
7. Are verbal orders given over the phone verified and countersigned as soon as possible?	<input type="checkbox"/>	<input type="checkbox"/>
8. Is there a system in place to manage drug sample recalls?	<input type="checkbox"/>	<input type="checkbox"/>
9. Are manufacturer's pre-filled syringes with retractable needle utilized when available?	<input type="checkbox"/>	<input type="checkbox"/>
10. Are eye drop containers used for only one employee?	<input type="checkbox"/>	<input type="checkbox"/>

	YES	NO
11. Is staff encouraged to report medication errors immediately?	<input type="checkbox"/>	<input type="checkbox"/>
a. Are lessons learned discussed openly?	<input type="checkbox"/>	<input type="checkbox"/>
b. Are medication errors reported to risk management and quality improvement?	<input type="checkbox"/>	<input type="checkbox"/>
c. Are root cause analysis conducted for all medication errors?	<input type="checkbox"/>	<input type="checkbox"/>
12. Are process improvements proactively targeted?	<input type="checkbox"/>	<input type="checkbox"/>

Medical Record Documentation

1. Are employee allergies visibly identified on the medical record?	<input type="checkbox"/>	<input type="checkbox"/>
2. Is the assessment and evaluation of the employee recorded in SOAP format?	<input type="checkbox"/>	<input type="checkbox"/>
3. Is the dosage, frequency and amount of medication given recorded in the employee medical record?	<input type="checkbox"/>	<input type="checkbox"/>
4. Are employee instructions recorded?	<input type="checkbox"/>	<input type="checkbox"/>
5. Are the lot numbers for sample medications recorded?	<input type="checkbox"/>	<input type="checkbox"/>
6. Do summary sheets identify significant health conditions, current medications and allergies?	<input type="checkbox"/>	<input type="checkbox"/>

Medications Types: OTC, Prescription, Controlled Substances, Vaccines, and Allergy Injections

1. Are copies of the <i>PDR</i> and <i>PDR for Nonprescription Drugs</i> available?	<input type="checkbox"/>	<input type="checkbox"/>
2. Are standing orders for medications being adhered to?	<input type="checkbox"/>	<input type="checkbox"/>
3. Is medication adequately packed and contain instructions on package labeling?	<input type="checkbox"/>	<input type="checkbox"/>
4. Are medications given in manufacturer's original unopened container?	<input type="checkbox"/>	<input type="checkbox"/>
5. Is unit dose packing being utilized?	<input type="checkbox"/>	<input type="checkbox"/>
6. Is an inventory maintained for all prescription medications including sample drugs?	<input type="checkbox"/>	<input type="checkbox"/>
7. Are all medications documented that are received, administered or discarded?	<input type="checkbox"/>	<input type="checkbox"/>
8. Is a sign posted in the clinic regarding generic versus brand name drugs, if required by state law for dispensing?	<input type="checkbox"/>	<input type="checkbox"/>
9. Are you prepared for emergencies resulting from adverse reactions?	<input type="checkbox"/>	<input type="checkbox"/>
a. Is there an inventory of emergency drugs on the cardiac cart?	<input type="checkbox"/>	<input type="checkbox"/>
b. Is the cardiac cart located in an area accessible for emergency treatment?	<input type="checkbox"/>	<input type="checkbox"/>
c. Is the cardiac cart locked or have an integrity seal?	<input type="checkbox"/>	<input type="checkbox"/>
d. Are lock numbers recorded?	<input type="checkbox"/>	<input type="checkbox"/>
e. Is there documentation of when locks are changed or integrity seals replaced?	<input type="checkbox"/>	<input type="checkbox"/>
f. Are medications checked regularly and replaced prior to expiration date?	<input type="checkbox"/>	<input type="checkbox"/>

	YES	NO
g. Is documentation kept on the emergency cart when a manufacturer has extended a drug's expiration date?	<input type="checkbox"/>	<input type="checkbox"/>
10. Is a minimum amount of controlled substances stocked?	<input type="checkbox"/>	<input type="checkbox"/>
11. Are controlled substances securely locked and stored in a cabinet or safe?	<input type="checkbox"/>	<input type="checkbox"/>
12. Is access to controlled substances restricted to key healthcare personnel only?	<input type="checkbox"/>	<input type="checkbox"/>
13. Is the name and address of the physician, DEA registration number and date and time of inventory documented for controlled substances?	<input type="checkbox"/>	<input type="checkbox"/>
a. Is there a witness to the controlled substances inventory?	<input type="checkbox"/>	<input type="checkbox"/>
b. Do the physician and witness both sign the completed inventory?	<input type="checkbox"/>	<input type="checkbox"/>
c. Is each controlled substance transaction documented?	<input type="checkbox"/>	<input type="checkbox"/>
d. Does the documentation include employee's name, social security number, drug, quantity, dosage, date, physician's name and signature of healthcare provider dispensing the controlled substance?	<input type="checkbox"/>	<input type="checkbox"/>
e. Is the inventory and transaction log for controlled substances retained for two years?	<input type="checkbox"/>	<input type="checkbox"/>
f. Are missing drugs reported to DEA and police immediately?	<input type="checkbox"/>	<input type="checkbox"/>
g. Are the Center Medical Director, Risk Manager, Center Director, Security and the NASA OHP Medical Director notified immediately of any losses?	<input type="checkbox"/>	<input type="checkbox"/>
14. Are employee immunization records reviewed prior to making a determination of immunization status?	<input type="checkbox"/>	<input type="checkbox"/>
a. Is an overall health assessment reviewed including allergies, existing pregnancy and immune-compromised status?	<input type="checkbox"/>	<input type="checkbox"/>
b. Are vaccine indications, contraindications, precautions, dosages, side effects and potential adverse reactions reviewed?	<input type="checkbox"/>	<input type="checkbox"/>
c. Do employees sign an informed consent?	<input type="checkbox"/>	<input type="checkbox"/>
d. Are vaccines administered according to standing orders utilizing proper aseptic technique?	<input type="checkbox"/>	<input type="checkbox"/>
e. Are employees provided a copy of the CDC Vaccine Information Statement?	<input type="checkbox"/>	<input type="checkbox"/>
f. Are the vaccine's manufacturer, lot number, location of injection site, date and time given, any reactions, and due date of next vaccine documented?	<input type="checkbox"/>	<input type="checkbox"/>
15. Are adverse reactions to vaccines reported to the CDC's Vaccine Adverse Event Reporting System (VAERS)?	<input type="checkbox"/>	<input type="checkbox"/>
16. Is a copy of the CDC VAERS form sent to the NASA OHP Medical Director?	<input type="checkbox"/>	<input type="checkbox"/>
17. Are vaccines stored and disposed of according to manufacturer's recommendations?	<input type="checkbox"/>	<input type="checkbox"/>
18. Is a written physician's order required for administration of allergy injections?	<input type="checkbox"/>	<input type="checkbox"/>
a. Does the order contain employee's name, physician's name, address and phone number, sera type, and dosage?	<input type="checkbox"/>	<input type="checkbox"/>
b. Does the order provide procedures to follow if dosage or timing is missed?	<input type="checkbox"/>	<input type="checkbox"/>

	<input type="checkbox"/> YES	<input type="checkbox"/> NO
19. Are employees required to receive the first two allergy injections from treating physician?	<input type="checkbox"/>	<input type="checkbox"/>
20. Is a signed informed consent required prior to starting the series?	<input type="checkbox"/>	<input type="checkbox"/>
21. Is sera stored in refrigerator designated for medications only?	<input type="checkbox"/>	<input type="checkbox"/>
22. Are safe and aseptic practices followed after administering injections?	<input type="checkbox"/>	<input type="checkbox"/>
a. Are employees required to wait 20 to 30 minutes for observation following an allergy injection?	<input type="checkbox"/>	<input type="checkbox"/>
b. Is a physician available in the area at the time of immunization and post-injection observation period?	<input type="checkbox"/>	<input type="checkbox"/>
23. Are employees referred to treating physician if there is a four-month lapse between allergy injections?	<input type="checkbox"/>	<input type="checkbox"/>
24. Are employees with serious or anaphylactic reactions referred to treating physician?	<input type="checkbox"/>	<input type="checkbox"/>

Emergency Readiness

1. Is staff at least BLS certified?	<input type="checkbox"/>	<input type="checkbox"/>
2. Are nurses and others administering vaccines or injections ACLS certified?	<input type="checkbox"/>	<input type="checkbox"/>
3. Is a physician present when injections or vaccines are administered?	<input type="checkbox"/>	<input type="checkbox"/>
4. Are emergency procedures in place and emergency equipment and medications readily available?	<input type="checkbox"/>	<input type="checkbox"/>
5. Are oxygen and adrenaline available where injections and vaccines are administered?	<input type="checkbox"/>	<input type="checkbox"/>
6. Are emergency telephone numbers posted?	<input type="checkbox"/>	<input type="checkbox"/>